

Case Number:	CM14-0012588		
Date Assigned:	02/21/2014	Date of Injury:	05/12/2009
Decision Date:	07/25/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	01/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 52-year-old male who has submitted a claim for left knee patellar tendinitis, chronic left elbow olecranon bursitis, chronic left elbow lateral epicondylitis/extensor tendinitis, medial tendinitis/epicondylitis, left medial ulnar neuritis, and history of left wrist tendinitis and degenerative joint disease; associated with an industrial injury date of 11/02/2011. Medical records from 2013 were reviewed and showed that patient complained of left knee pain, and left elbow pain accompanied by loss of grip strength, loss of motion, and weakness. Numbness in the left thumb, middle, ring, and little fingers is also noted. Physical examination showed tenderness over the patellar tendon and lateral epicondyle. There was no evidence of ulnar nerve subluxability with elbow bending. There was no evidence of left knee instability. Range of motion of the left knee was limited. Motor and sensory testing was normal. MRI of the left elbow, dated 05/24/2013, showed moderate lateral epicondylitis. X-ray of the bilateral elbows, knees, and feet showed no acute evidence of fracture, dislocation, or effusion. Treatment to date has included medications, chiropractic therapy, and right knee arthroscopy with meniscectomy, chondroplasty, and synovectomy (06/05/2012). Utilization review, dated 01/27/2014, denied the request for omeprazole because there was a lack of evidence indicating the patient was suffering from gastrointestinal reflux, was being treated for gastric ulcerations, or was at risk for ulceration; gave conditional certification to the request for tramadol due to lack of documentation; denied the request for Terocin patch because guidelines do not recommend the use of one of its components; denied the request for ondansetron, the reason for which was not provided; and gave conditional certification to the request for cyclobenzaprine, the reason for which was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

ODANSETRON ODT 8 MG #60 BETWEEN 1/15/2014 AND 3/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics.

Decision rationale: The CA MTUS does not address Ondansetron specifically. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (Pain, Antiemetics) was used instead. ODG states that Ondansetron is indicated for prevention of nausea and vomiting caused by cancer chemotherapy, radiation therapy and surgery. In this case, the medical records submitted for review failed to show the indication and duration of ondansetron use, or objective evidence of functional benefits derived from its use. The medical necessity was not established. Therefore, the request for ONDANSETRON ODT 8 MG #60 BETWEEN 1/15/2014 AND 3/7/2014 is not medically necessary.

OMEPRAZOLE DELAYED RELEASE 20 MG #120 BETWEEN 1/15/2014 AND 3/7/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 68-69.

Decision rationale: Omeprazole is a proton pump inhibitor that inhibits stomach acid production, used in the treatment of peptic ulcer disease and gastroesophageal reflux disease. Pages 64 to 65 of the CA MTUS Chronic Pain Medical Treatment Guidelines recommend the use of proton pump inhibitors in those individuals: using multiple NSAIDs; high dose NSAIDs; NSAIDs in conjunction with corticosteroids and/or anticoagulants; greater than 65 years of age; and those with history of peptic ulcer. In this case, the medical records submitted for review failed to show the indication and duration of omeprazole use, or objective evidence of functional benefits derived from its use. Current available data do not suggest that patient is at risk for an MTUS-defined gastrointestinal event. Therefore, the request for OMEPRAZOLE DELAYED RELEASE 20 MG #120 BETWEEN 1/15/2014 AND 3/7/2014 is not medically necessary.

TEROCIN PATCH #30 BETWEEN 1/15/2014 AND 3/7/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidocaine patch Page(s): 56-57. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Topical salicylates.

Decision rationale: Terocin patch contains lidocaine and menthol. As stated on pages 56 to 57 of the CA MTUS Chronic Pain Medical Treatment Guidelines, topical lidocaine is recommended for neuropathic pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or AEDs such as gabapentin or Lyrica). Regarding the menthol component, CA MTUS does not cite specific provisions, but the ODG Pain Chapter states that the FDA issued a safety warning which identifies rare cases of serious burns that have been reported to occur on the skin where menthol, methyl salicylate, or capsaicin were applied. In this case, the medical records submitted for review failed to show the indication and duration of Terocin patch use, or objective evidence of functional benefits derived from its use. There is also no evidence of previous trials with first-line anti-depressants or anti-epileptics drugs. The medical necessity was not established. Therefore, the request for TEROGIN PATCH #30 BETWEEN 1/15/2014 AND 3/7/2014 is not medically necessary.